



LICENSING DIVISION
P.O. Box 989003
West Sacramento, CA 95798-9003
(800) 952-5210



Application For CEMETERY BROKER BRANCH OFFICE LICENSE

Pursuant to the provisions of Chapter 19, Division 3
of the Business and Professions Code.

Fee \$100.00

Do Not Write in This Space

Date Rcvd _____

License No _____

Date Issued _____

IMPORTANT:

1. Mail application with **ALL** requirements and correct fee to the Licensing Division.
2. Remit fee by check or money order made payable to the Licensing Division - **DO NOT SEND CURRENCY.**

Per California Civil Code, Section 1798.17 (Information Practice Act), the Director of the Department is responsible for maintaining the information in this application. This information may be transferred to other governmental and enforcement agencies. Individuals have the right to review the records maintained on them by the agencies, unless the records are exempt by Section 1798.40 of the Civil Code.

Exact Name of Corporation or Partnership or Full Name of Individual			
1. Name of Applicant			
Full Name and Title of Officer or Partner			
2. Officer or Partner			
(Individual)			
3. Social Security Number ¹	4. FEIN ¹		
<div style="display: flex; justify-content: space-between;"> Number and Street or Post Office Box Number City State Zip </div>			
5. Business Address			
<div style="display: flex; justify-content: space-between;"> Area Code Telephone Number </div>			
6. Business Telephone			
<div style="display: flex; justify-content: space-between;"> 7. I wish my license to be: <i>please check response</i> issued as soon as possible held until July 1st </div>			

I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT the answers given in this application are true and correct, and that if licensed I will not violate any provisions of the Cemetery Act nor misuse the privileges of the registrant.

Signature _____ Date _____

¹ Disclosure of your social security number (SSN) and/or federal employer identification number (FEIN) is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455(42 USCA 405(c)(2)(C)) authorizes collection of your SSN or FEIN. This information will be used exclusively for tax enforcement purposes and for purposes of compliance with section 11350.6 of the Welfare and Institutions Code. If you fail to disclose your SSN or FEIN, you will be reported to the Franchise Tax Board, which may assess a \$100.00 penalty against you.